## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

04/15/2010

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23908

4a. The following fee(s) are submitted: Issue Fee

Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where uppropriate. All further correspondence including the Fatent, advance orders and notification of maintenance fees will be unable to the current correspondence address as included unless corrected below or directed otherwise in Block. I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

1621 EUCLID / NINETEENTH	FLOOR	SKLAR, LLP	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below			
CLEVELAND,	OH 44115			Janet Farr		(Depositor's name)
				/Janet Farr	/	(Signature)
				April 21, 2	010	(Dute)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/623,936	07/21/2003		James R. Keene		5-904	6475
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	
nonprovisional	YES	\$755	\$0	\$0	\$755	07/15/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
CANFIELD, ROBERT		3635	052-302100			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.503)     Change of correspondence address (or Change of Correspondence Address form PTO/SB1/22) attached     The Address form (FO/SB1/22) attached     "Fee Address" indication (or "Fee Address" Indication form PTO/SB1/27, ex 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is insted, no name with be printed.			
B. ASSIGNEE NAME A PLEASE NOTE: Ur recordation as set for (A) NAME OF ASSI	less an assignee is iden th in 37 CFR 3.11. Com	A TO BE PRINTED ON tiffed below, no assignee pletion of this form is NO	THE PATENT (print or ty data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CIT	atent. If an assignee i assignment.	s identified below, the d	locument has been filed for
Keene Buildi	ng Products C	o., Inc.	Mayfield Hei	ghts, OH		
Plance check the approp	riate assignee category o	r categories (will not be p	rinted on the patent) :	Individual 쉾 Corpo	ration or other private gr	oup entity Government

Date \_\_April 21,2010 Authorized Signature /Neil A. DuChez/ Registration No. 26,725 Typed or printed name Neil A. DuChez This collection of information is required by 37 CFR. 1211. The information is required to obtain or retain a borofit by the outliet owhich is to file (and by the USFTO to process) an application. Confidentially is governed by 37 CFR. 1211. The information is required to obtain the process of the process

A check is enclosed.

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4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form)

Payment by credit card. Form PTO-2038 is attached.

☑ Publication Fee (No small entity discount permitted)